

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

125

State File No. 644  
Registered No. 644

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village P. O. Box 1728 - Claypool - Ariz  
City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alfredo Seguerdos { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Nov-11-1930  
Month Day Year

8. FATHER  
Full name Carlos Seguerdos

9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Sonora  
(State or country) Mex

13. Occupation  
Nature of industry Miner

14. MOTHER  
Full maiden name Ramon Lopez

15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona

16. Color or race Mex. 17. Age at last birthday 33 (Years)

18. Birthplace (city or place) Benson  
(State or country) Arizona

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother 8 (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 7  
(b) Born alive but now dead 1  
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 m. on the date above stated.  
(Born alive or stillborn)

Signature Layl M. Brown M.D.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona (Physician or midwife)

Month, day, year

Filed Dec 12, 1930 Registrar L. E. D.

Registrar

122-1111-939